MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE APPLICANT(S)

CLAIMS AFTER 1st AMENDMENT AFTER 2nd AMENDMENT AS FILED IND. DEP. IND. DEP. IND. DEP.

TOTAL IND. Ţ Ĵ

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

TOTAL IND.

TOTAL DEP. CLAIMS 5

FORM PTO-1360 (REV. 3-78)

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